

Wilson County Adult Detention Center  
George Payne, Jr., Sheriff

Inmate Request Form

4/25/81 Payne

Date of Request: 4/25/81

Docket #: \_\_\_\_\_ Date Incarcerated: \_\_\_\_\_

Block 1 Section 1

Inmate Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security Number: 567-49-0139

Case Number: \_\_\_\_\_

Charge: \_\_\_\_\_

Cause Number: \_\_\_\_\_

(Check One Only)

1. Booking Records / Property \_\_\_\_\_
2. GED - Life Skills \_\_\_\_\_
3. Inmate Accounts / Indigent \_\_\_\_\_
4. Grievances / Shift Supervisor \_\_\_\_\_
5. Majors / Captains \_\_\_\_\_
6. Counseling \_\_\_\_\_
7. Chaplain \_\_\_\_\_
8. Reclassification \_\_\_\_\_
9. Other \_\_\_\_\_

Explain Need Below:

I was raped last night. I need medical attention.

Staff Response:

(Inmate do not write below this line)

91 - Nurse examined  
Placed in Medical  
Placed on regular MD Call  
Placed on Psychiatrist Call

Date Received:

Date Completed:

Date Filed:

By:

By:

EXHIBIT

"D"